## 

Vendor IKON OFFICE SOLUTIONS INC

Remit to: PO BOX 931750

ATLANTA GA 30374-1750

Name and IKON OFFICE SOLUTIONS INC Address Cntct: CHRIS JOHNSON ORDER ONLY/CHRIS JOHNSON 7330 WOODLAND DRIVE INDIANAPOLIS IN 46278 1736

07/31/2008

317-329-4401

Effective Date: QPA for Office E

Expiration Date: Agency Number:

**FAX Number:** 

Facility: RFP 6-53
Vendor Federal ID: 230334400
Vendor Telephone Nbr: 317-329-6088
Name Of Contact Pers: CHRIS JOHNSON

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

## Line Number Quantity UNIT Article and Description

**Unit Price** 

This is an award of a Quantity Purchase Agreement for Digital Copiers, Facsimiles, and Multifunctional Devices.

QPA can be mutually renewed yearly for two additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities are estimates and actual usage could be substantially more or less.

2,500.00 EA Copiers, Facsimiles, & Digital Multifuncational Equipment -IKON

0.0000

For pricing information, please contact Chris Johnson at 317-329-6088 or cjjohnson@IKON.com

The following UN/CEFACT Unit of Measure Common Codes are used in this document: EA Each

Telephone: (317) 232-3053

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis. Indiana 46204			1